



1645 \$

PATENT
Attorney Docket No. PJN-077

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Tani et al.
SERIAL NO.: 09/423,905 GROUP NO.: 1645
FILING DATE: March 19, 1999 EXAMINER: P. Duffy
TITLE: Therapeutic Agent for Preventing and/or Treating Sepsis

TECH CENTER 1600/2900

FEB 05 2002

RECEIVED

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231 on this 27th day of November, 2001.


Sarah J. Blackwell

Assistant Commissioner for Patents
Washington, D.C. 20231

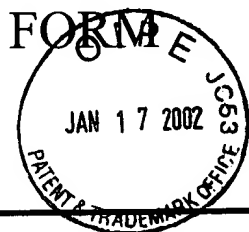
Sir:

Submitted herewith is/are:

Certificate of First Class Mailing (1 pg.); Transmittal Form (1 pg.); Fee Transmittal (1 pg.); Response to Restriction Requirement (2 pgs.); Petition For Extension of Time Under 37 CFR 1.136(a) (1 pg.) (One Month Extension of Time); Associate Power of Attorney (1 pg.); Check in the amount of \$110.00; and patent postcard.

2228831

TRANSMITTAL



Application Serial Number	09/423,905
Filing Date	March 19, 1999
First Named Inventor	Tani
Group Art Unit	1645
Examiner Name	P. Duffy
Attorney Docket No.	FJN-077
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

RECEIVED
 FEB 05 2002
 TECH CENTER 1600/2900

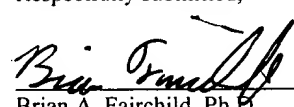
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form </div> <input type="checkbox"/> Amendment/Response <div style="margin-left: 20px;"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] </div> <input checked="" type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <div style="margin-left: 20px;"> <input type="checkbox"/> Certificate of Correction (in duplicate) </div>	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <div style="margin-left: 20px;"> - Response to Restriction Requirement (2 pgs.); and - Associate Power of Attorney (1 pg.). </div>
<input type="checkbox"/> Information Disclosure Statement <div style="margin-left: 20px;"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations </div> <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <div style="margin-left: 20px;"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above </div>		

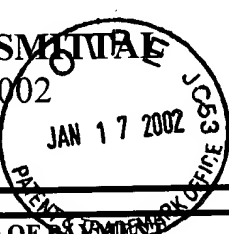
CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,

 Date: November 27, 2001
 Reg. No. 48,645
 Tel. No.: (617) 248-7697
 Fax No.: (617) 248-7100
 Brian A. Fairchild, Ph.D.
 Agent for Applicant(s)
 Testa, Hurwitz & Thibault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110

FEE TRANSMITTAL FY 2002



Complete if Known

RECEIVED

FEB 05 2002

TECH CENTER 1600/2900

Application Serial Number 09/423,905
Filing Date March 19, 1999
First Named Inventor Tani
Group Art Unit 1645
Examiner Name P. Duffy
Attorney Docket No. FJN-077

METHOD OF PAYMENT

- ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other
- ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.
☐ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.
- ☐ Applicant claims small entity status.

FEE CALCULATION

1. FILING FEE

Large Entity

Fee (\$)	Fee Description	Fee Paid
740	Utility filing fee	
330	Design filing fee	
160	Provisional filing fee	

Number Filed	Number Extra	Rate	Amount
--------------	--------------	------	--------

Total Claims - 20 = x \$ 18.00 =

Independent Claims - 3 = x \$ 84.00 =

☐ Multiple Dependent Claim(s), if any \$280.00 =

TOTAL:

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$) 0.00

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
-------------------------------	---------------------------------	---------------	------	----------

Total - = x \$ 18.00 =

Indep. - = x \$ 84.00 =

☐ First Presentation of Multiple Dep. Claim + \$280.00 =

TOTAL: (\$)

SMALL ENTITY DISCOUNT: (\$)

SUBTOTAL (2) (\$) 0.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
110	55	Extension for reply within first month	\$110.00
400	200	Extension for reply within second month	
920	460	Extension for reply within third month	
1440	720	Extension for reply within fourth month	
1960	980	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
130	130	Petitions to the Commissioner	
180	180	Submission of Information Disclosure Statement	
740	370	Filing a submission after final rejection (37 CFR 1.129(a))	
740	370	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	

Other fee (Specify)

Other fee (Specify)

SUBTOTAL (3) (\$) 110.00

SUBTOTAL (1) \$ 0.00

SUBTOTAL (2) \$ 0.00

SUBTOTAL (3) \$110.00

TOTAL (\$) 110.00

CORRESPONDENCE ADDRESS

Direct all correspondence to:

Patent Administrator
Testa, Hurwitz & Thibault, LLP
High Street Tower-125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,

Brian A. Fairchild
Brian A. Fairchild, Ph.D.
Agent for the Applicants
Testa, Hurwitz & Thibault, LLP
High Street Tower-125 High Street
Boston, MA 02110

Date: November 27, 2001
Reg. No.: 48,645
Tel. No.: (617) 248-7697
Fax No.: (617) 248-7100